

**1% Statewide Assessment Reporting  
1999 Payment and Filing Due Dates**

Remittance Advices and checks are to be received (not postmarked) by the Pool Administrator in accordance with the schedule below. Failure to comply will result in Indigent Care distributions being withheld until the month following the date upon which all reporting requirements have been met. Remittance Advices and checks should be addressed as follows:

Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
344 South Warren Street  
Syracuse, New York 13202-2008

**Make checks payable to: Public Goods Pool (SW)**

Below is a schedule of mandatory payment/filing dates (even if there is no activity to report):

<b>Report Month</b>	<b>Due Date</b>	<b>Report Month</b>	<b>Due Date</b>
January 1999	03/10/99	July 1999	09/10/99
February 1999	04/12/99	August 1999	10/11/99
March 1999	05/10/99	September 1999	11/10/99
April 1999	06/10/99	October 1999	12/10/99
May 1999	07/12/99	November 1999	01/10/00
June 1999	08/10/99	December 1999	02/10/00